FORM D



UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR

OMB APP	ROVAL
OMB Number:	3235-0076
Expires:	May 31, 2005
Estimated avera	ge burden
hours per respor	nse16.00

SEC USE ONLY

DATE RECEIVED

Serial

UNIFORM LIMITED OFFERING EXEM	IPTION
Name of Offering (check if this is an amendment and name has changed, and indicate change.) Issuance of Convertible Notes	ST DED SOME
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6 Type of Filing: New Filing Amendment	10
A. BASIC IDENTIFICATION DATA	
Enter the information requested about the issuer	187 /8/
Name of Issuer (check if this is an amendment and name has changed, and indicate change.) MRV Communications, Inc.	
Address of Executive Offices (Number and Street, City, State, Zip Code) 20415 Nordhoff Street, Chatsworth, CA 91311	Telephone Number (Including Area Code) 818-773-0900
Address of Principal Business Operations (Number and Street, City, State, Zip Code) if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business	
MRV designs, manufactures, sells, distributes, integrates and supports network infrastructure equal to the selection of the s	• • •
Type of Business Organization ☐ corporation ☐ limited partnership, already formed ☐ business trust ☐ limited partnership, to be formed	(please specify): PROCES
Month Year Actual or Estimated Date of Incorporation or Organization: 03 92 Actual Est Durisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for Stal	imated JUN 1 1

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

SEC 1972 (6-02)

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

1 of 9



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2. Enter the information re	quested for the fol	lowing:						
 Each promoter of the 	he issuer, if the iss	uer has been orga	nized within	the past five years;				
Each beneficial own	ner having the pow	er to vote or dispos	e, or direct th	e vote or dispositio	n of, 10°	% or more o	fa clas	s of equity securities of the issue
 Each executive offi 	cer and director of	corporate issuers	and of corpo	rate general and m	anaging	partners of	parine	ership issuers; and
 Each general and m 	nanaging partner of	f partnership issue	rs.					
Check Box(es) that Apply:	Promoter	Beneficial (Owner 🔽	Executive Officer	Ø	Director		General and/or Managing Partner
Full Name (Last name first, if	(individual)	•					-	
Lotam, Noam		•						
Business or Residence Address	s (Number and	Street, City, State,	Zip Code)	<u> </u>				· · · · · · · · · · · · · · · · · · ·
20415 Nordhoff Street, Ch	atsworth, CA 913	311	•					
Check Box(es) that Apply:	Promoter	Beneficial (Owner [Executive Officer	· 🗹	Director		General and/or Managing Partner
Full Name (Last name first, if	findividual)					· .		
Fischer, Baruch								·
Business or Residence Addres	ss (Number and	Street, City, State	Zip Code)			_		***************************************
20415 Nordhoff Street, Ch	atsworth, CA 91	311						
Check Box(es) that Apply:	Promoter	Beneficial (Owner 🔲	Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)							
Jaensch, Guenter								
Business or Residence Addre		·	, Zip Code)					
20415 Nordhoff Street, Ch	atsworth, CA 913	311						
Check Box(es) that Apply:	Promoter	Beneficial (Owner 🗹	Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)							
Margalit, Shlomo								
Business or Residence Address	ss (Number and	Street, City, State	, Zip Code)					
20415 Nordhoff Street, Ch	atsworth, CA 913							
Check Box(es) that Apply:	Promoter	Beneficial (Owner 🔲	Executive Office	· 🖸	Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)		*****					
Shidlovsky, Igal								
Business or Residence Addre	ss (Number and	Street, City, State	, Zip Code)					
20415 Nordhoff Street, Ch	natsworth, CA 91	311		·				
Check Box(es) that Apply:	Promoter	Beneficial	Owner 🗌	Executive Office	· 📝	Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)			· · · · · · · · · · · · · · · · · · ·				
Tsui, Daniel								
Business or Residence Addre	ss (Number and	Street, City, State	, Zip Code)			-		
20415 Nordhoff Street, Ch	atsworth, CA 913	311						
Check Box(es) that Apply:	Promoter	Beneficial	Owner 🔽	Executive Office	r 🔲	Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)							
Gonan, Shay								
Business or Residence Addre	ss (Number and	Street, City, State	, Zip Code)					
20415 Nordhoff Street. Cl			•					

		A, BASIC I	pratrie irondara		
2. Enter the information re	equested for the fol	lowing:			
 Each promoter of t 	the issuer, if the iss	suer has been organized	within the past five years;		
 Each beneficial ow 	ner having the pow	er to vote or dispose, or	direct the vote or disposition	n of, 10% or more of	a class of equity securities of the issuer.
 Each executive off 	icer and director o	f corporate issuers and	of corporate general and ma	anaging partners of	partnership issuers; and
 Each general and r 	nanaging partner o	f partnership issuers.			
Check Box(es) that Apply:	Promoter	Beneficial Owne	F Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Avidan, Guy					
Business or Residence Addre	ss (Number and	Street, City, State, Zip	Code)		
20415 Nordhoff Street, Ch	natsworth, CA 910	311			
Check Box(es) that Apply:	Promoter	Beneficial Owner	r Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ss (Number and	Street, City, State, Zip	Code)		
Check Box(es) that Apply:	Promoter	Beneficial Owne	T Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ss (Number and	Street, City, State, Zip	Code)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ss (Number and	Street, City, State, Zip	Code)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ss (Number and	Street, City, State, Zip	Code)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ss (Number and	Street, City, State, Zip	Code)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ss (Number and	Street, City, State, Zip	Code)		· .

					B. 1	(FORMAT)	ON ABOU	i Or Eru	VS				
ī.	Has the	issuer sold	l, or does th	ne issuer in	ntend to se	l, to non-a	ccredited is	nvestors in	this offeri	ng?		Yes	No D
						Appendix,				-		L	
2.	What is	the minim	um investn					-				\$_N/A	
												Yes	No
3.			permit joint		-								₽
4.	lf a perso or states a broker	sion or sim on to be lis , list the na or dealer,	ion request ilar remune ted is an ass one of the b you may so	ration for s sociated pe roker or de et forth the	olicitation rson or age aler. If mo	of purchase nt of a brok re than five	ers in conne er or deale: (5) person	ection with registered is to be list	sales of sec with the S ed are asso	urities in th EC and/or	he offering. with a state	:	
Full	Name (I	ast name	first, if indi	(vidual									
Bus	iness or I	Residence	Address (N	lumber and	Street, Ci	ty, State, Z	ip Code)		-				
Nan	ne of Ass	ociated Br	oker or De	aler			<u>-</u>						
Stat	es in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit I	urchasers						
	(Check	"All States	" or check	individual	States)				••••••			All	States
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ĪD
		IN	ĪA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT	NE	NV.	NH	NJ	NM	NY	NC	ND	ОН	OK	OR	PA
	RI	SC	SD	TN	TX	UT	VT	[VA]	WA	WV	WI	$\overline{\mathbf{W}}\mathbf{Y}$	PR
Full	Name (I	ast name	first, if ind	ividual)		-	- 16/1/19						
Bus	iness or	Residence	Address (?	Number an	d Street, C	ity, State, 2	Zip Code)						
Nan	ne of Ass	ociated Br	oker or De	aler		g							
Stat	es in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit I	Purchasers						
	(Check	"All States	" or check	individual	States)	•••••••••••				•••••		☐ All	States
	AL	AK	AZ	AR	CA	CO	CT	DE.	DC	FL	GA	HI	1D
	IL DATE	[N]	1A	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT RI	SC.	SD	NH) TN	TX]	NM UT	NY VT	NC VA	ND WA	OH WV	OK WU	OR WY	PA PR
Ful			first, if ind										
Bus	iness or	Residence	: Address (1	Number an	d Street, C	ity, State, 2	Zip Code)			· 11			
Nar	ne of Ass	ociated Br	oker or De	aler									
	··						-,t						
Stat			Listed Ha										
	(Check	"All State:	s" or check	individua	l States)	•••••						☐ Al	1 States
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	IH	ID
		<u>IN</u>	1A	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT RI	NE SC	NV SD	NH TN	NJ TX	NM UT	<u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>	NC VA	ND WA	OH W∇	OK)	OR WY	PA

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OPEBRING PRICE NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS.

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box \Box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Deb1	3	s
	Equity		
	Common Preferred		
	Convertible Securities (including warrants)	23,000,000.00	\$ 23,000,000.00
	Partnership Interests		
	Other (Specify)		
	Total		
	Answer also in Appendix, Column 3, if filing under ULOE.	, 20,000,000.00	<u>\$</u>
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
	Accredited Investors	Number Investors	Aggregate Dollar Amount of Purchases \$ 23,000,000.00
	Non-accredited Investors		<u> </u>
	Total (for filings under Rule 504 only)		· ·
			\$
_	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
		Type of	Dollar Amount
	Type of Offering	Security	Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total		\$
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		•
	Transfer Agent's Fees		\$ 5,000.00
	Printing and Engraving Costs		\$_5,000.00
	Legal Fees	<u> </u>	\$ 20,000.00
	Accounting Fees		\$ 0.00
	Engineering Fees		\$ 0.00
	Sales Commissions (specify finders' fees separately)		\$ 0.00
	Other Expenses (identify) Investor's counsel and expenses		\$ 60,000.00
	Total		\$ 90,000,00

30 11.	C. OFFERING PRICE, NUMB	er of investors, expenses and use of F	ROCCEDS	
	b. Enter the difference between the aggregate offeri and total expenses furnished in response to Part C — proceeds to the issuer."	Question 4.a. This difference is the "adjusted gross		\$ 22,910,000.00
	Indicate below the amount of the adjusted gross pro each of the purposes shown. If the amount for any check the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Part	y purpose is not known, furnish an estimate and the payments listed must equal the adjusted gross		÷
			Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees		<u></u> \$	
	Purchase of real estate			. D\$
	Purchase, rental or leasing and installation of macl	hinery		s
	Construction or leasing of plant buildings and faci	lities	<u>\$</u>	. 🗆 \$
	Acquisition of other businesses (including the value offering that may be used in exchange for the asset issuer pursuant to a merger)	ts or securities of another	_	
	Repayment of indebtedness			
	Working capital			
	Other (specify):		□ s	_ 🗆 \$
			s	
	Column Totals		\$ 0.00	\$ 22,910,000.00
	Total Payments Listed (column totals added)		<u> </u>	22,910,000.00
(4) ·		D FEDERAL SIGNATURE		
sign	issuer has duly caused this notice to be signed by the ature constitutes an undertaking by the issuer to fur information furnished by the issuer to any non-accordance.	nish to the U.S. Securities and Exchange Commis	ssion, upon writte	
lssu	er (Print or Type)	Signature	Date	
М	RV Communications, Inc.	7	June 💃	⊉ , 2003
Nan	ne of Signer (Print or Type)	Title of Signer (Print or Type)		
N	oam Lotan	President and Chief Executive Officer		

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

1.	ls any party described in 17 CFR 230.262 provisions of such rule?			Yes	No ☑
	;	See Appendix, Column 5, for state re	sponse.		
2.	The undersigned issuer hereby undertakes D (17 CFR 239.500) at such times as req		any state in which this notice is fi	iled a no	tice on Form
3.	The undersigned issuer hereby undertake issuer to offerees.	s to furnish to the state administrator	s, upon written request, informat	ion furn	ished by the
4.	The undersigned issuer represents that the limited Offering Exemption (ULOE) of the of this exemption has the burden of establishments.	e state in which this notice is filed an	d understands that the issuer claim		
	uer has read this notification and knows the c thorized person.	ontents to be true and has duly caused t	his notice to be signed on its beha	lf by the	undersigned
Issuer (Print or Type)	Signature	Date	-	
MRV	Communications, Inc.	The state of the s	- June 2 , 20	003	
Name (Print or Type)	Title (Print or Type)			
Noan	n Lotan	President and Chief Exec	cutive Officer		

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

			A Land Works	AP	PENDIX				
1	Intend to non-a investor	to sell ccredited s in State -ltem 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)				
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL									
AK									
AZ									
AR					!				
CA									
со									
СТ									
DE			·				<u></u> .		
DC									
FL							<u> </u>		
GA									
Hl									
ID									
IL									
lN									
lA									
KS									
KY									
LA									
ME								ļ	
MD									
MA			·						
MI									
MN									
MS									

				. Ar	3/10/5/4				
1	Intend to non-a investor	to sell accredited as in State a-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)				
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
мо									
МТ									
NE									
NV									
NH									
ИJ									
NM									
NY		x	Convertible Notes; \$23,000,000	1	\$23,000,000	.0			х
NC									
ND									
ОН									
ОК									
OR									
PA									
RI									
SC									
SD									
TN									
TX									
UT									
VT									
VA									
WA									
wv									
WI									

1	to non-a	Type of security and aggregate offering price offered in state offered in State offered I) (Part C-Item 1) (Part C-Item 2)				5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)			
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
WY									
PR									